ATTORNEY'S DOCKET NO .: PHNL000697 US

YES

As a below named inventor, I hereby declare that:

00204644.9

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural

	nt color display panel" which (check one)	nich is claimed and for which a patent is sou	gnt on the invention entitled
was filed on		as Application Serial No.	and was amended on (if applicable).
amended by the am I acknowled Code of Federal Reg I hereby cla inventor's certificate	endment(s) referred to abounge the duty to disclose info gulations, §1.56(a).  Sim foreign priority benefits to the second control of the second control o	rmation which is material to patentability of t under Title 35, United States Code, § 119 of identified below any foreign application for p	this application in accordance with Title 37, any foreign application(s) for patent or
COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

,E== 4.	
[] I hereby c	claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar
as the subject mat	ter of each of the claims of this application is not disclosed in the prior United States application in the manner
	st paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined
in Title 37, Code of	f Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT
	date of this application:

20 December 2000

PRIOR UNITED STATES APPLICATION(S) -APPLICATION SERIAL NUMBER STATUS (PATENTED, PENDING, FILING DATE ABANDONED) H

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;

U.S. Philips Corporation;

Europe

580 White Plains Road; Tarrytown, NY 10591

**DIRECT TELEPHONE CALLS TO:** 

(name and telephone No.)

(914) 332-0222

Dated: 8 Octobe	r 2001	Inventor's Signature: 🗴	rul Den revell	
Full Name of Inventor	Last Name DUINEVELD	First Name Paulus	Middle Name Cornelis	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code
Dated: 25 Octob	er 2001 '	Inventor's Signature: 😠	Majda	
Full Name of Inventor	Last Name SNIJDER	First Name Pieter	Middle Name Jacob	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code

Dated:		Inventor's Signature:		
8 Nove	ember 2001 ,	an		
Full Name of Inventor	Last Name LIEDENBAUM	First Name Coen	Middle Name Theodorus Hubertus Fransiscus	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code
Dated:	, ,	Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence &	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	Mar-jua	Inventor's Signature:		
Full-Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
Post Office Address	Street	City	State or Country	Zip Code